

OFFICE OF JUVENILE JUSTICE (OJJ)

Washington State OFFICE OF JUVENILE JUSTICE (OJJ) Department of Social & Health Services OFFICE OF JUVENILE JUSTICE (OJJ) FEDERAL GRANT APPLICATION - CJJC

Please	read	all	instructions	carefully	.
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For assistance, contact the Department of Social and Health Services (DSHS)
Office of Juvenile Justice at (360) 725-3600 or FAX (360) 407-0152

CONTRACT NUMBER	FOR OJJ USE ONLY DATE STAMP
PROGRAM AREA	

Office of Juverille Justice at (360)	725-3600 OF FAX (360) 407-0152.		
1. APPLICANT: DO NOT USE PERSON'S NAME			
AGENCY NAME		TELEPHONE NUMBER	FAX NUMBER
STREET ADDRESS		CITY	STATE ZIP CODE
MAILING ADDRESS		CITY	STATE ZIP CODE
2. IMPLEMENTING AGENCY: ENTER AGENCY, D	DEPARTMENT OR CONTRACTOR DIRECTLY IMP	PLEMENTING THE PROJECT (DO N	OT USE PERSON'S NAME
NAME		TELEPHONE NUMBER	or occurrence to the second to
STREET ADDRESS		FEDERAL EMPLOYER IDENTIFICATION NUMBER (MANDATORY FOR FEDERAL	N NUMBER OR SOCIAL SECURITY LL TAX PURPOSES)
CITY	STATE ZIP CODE		
3. PROJECT TITLE: ENTER BRIEF, DESCRIPTIVE	E DDO IECT TITI E		
3. FROJECT TITLE. ENTER BRIEF, DESCRIPTIV	E PROJECT TITLE		
4. APPLICANT'S AGREEMENT			
The applicant is applying for a grant award in identified in this application. By signing and s CONDITIONS AND CERTIFICATIONS (Attached) Health Services (DSHS or the Department) w	submitting this application, the applicant agree chment A of this application), becomes an offe	es that this document, together wi er to contract with Washington Sta	th the STANDARD
The applicant agrees that this offer becomes together with an Approved Budget and Speci-		s signed by the OJJ Office Chief	and returned to the applicant
•	differs from the amount shown in Section 8 of considered to be a counteroffer. The Departm fter the date of mailing of such counteroffer by	ent shall consider the counteroffe	r accepted by the applicant
 b. Upon acceptance of this offer/counteroffer special terms and conditions. 	r, the applicant shall be referred to as the "Cor	ntractor" and the Contractor agree	es to accept and abide by the
NAME AND TITLE OF AUTHORIZED OFFICER (PERSON W	VITH LEGAL AUTHORITY: COUNTY COMMISSIONERS' C	HAIRMAN OF THE BOARD, MAYOR, CITY	TOWN MANAGER, AGENCY DIRECTOR
APPLICANT'S SIGNATURE			DATE
ACCEPTANCE OF OFFER COUNTEROFFER FOR DSHS Acceptance Non-acceptance	OJJ CONTRACTING OFFICER'S SIGNATURE		DATE
5. PROJECT DIRECTOR: PERSON IN DIRECT CH	HARGE OF PROJECT (DAY-TO-DAY OPERATION	IS AND PREPARATION OF REQUIR	ED PROGRESS REPORTS)
NAME AND TITLE	·	TELEPHONE NUMBER	,
STREET ADDRESS		FAX NUMBER	
CITY	STATE ZIP CODE	E-MAIL ADDRESS	
6. FINANCIAL OFFICER: PERSON IN CHARGE O NAME AND TITLE	F FISCAL MATTERS (ACCOUNTING, FUNDS MA	NAGEMENT, EXPENDITURE, VERIF TELEPHONE NUMBER	CATIONS, FINANCIAL REPORTS
STREET ADDRESS		FAX NUMBER	
CITY	STATE ZIP CODE	E-MAIL ADDRESS	
Omission of any required information or certif	fication may be cause for denial of the applica	tion. The Department shall take	a final approval/disapproval
action on all applications within 90 days of red Department shall not consider an application the necessary certifications. The applicant m	ceipt by the Department of a conforming appl conforming unless the applicant has complet	ication, together with all required ed all items in accordance with in	certifications. The structions and has submitted

SOCIAL AND HEALTH SERVICES, PO BOX 45828, OLYMPIA WA 98504-5828.

AGENCY NAME	DATE
PROJECT TITLE	

10. BUDGET DETAILS: CATEGORY A. PERSONNEL

This category is for services rendered by all personnel employed by the project. Costs incurred include salaries, benefits, uniforms, and special clothing.

SALARIES AND WAGES: Payment for personal services rendered in accordance with rates, hours, terms and conditions as authorized by law or stated in employment contracts.

OVERTIME, HAZARDOUS DUTY, ETC.

PERSONAL BENEFITS: FICA, retirements, insurance, etc.

UNIFORMS AND CLOTHING: Only uniforms for special clothing required by the nature of the employment and paid for by the employer may be listed.

NOTE: Project funds may not be used to pay a percentage of the compensation of any person who was employed by the implementing agency before the project starting date without prior specific authorization from the Department separate from the grant approval. Specific authorization is not required if a person currently employed by the applicant or the implementing agency is transferred from his/her prior position to the project if the transfer creates a personnel vacancy to be filled by hiring a new employee.

LIST POSITION TITLES	ANNUAL SALARY	PERCENT OF TIME TO PROJECT	ITEM TOTAL
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
CATEGORY TOTAL		%	

JUSTIFICATION AND EXPLANATION: Justify all positions in terms of days and/or hours required to perform the GOALS, OBJECTIVES, AND TASKS set forth. Calculate fringe benefits for each position or class of positions.

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AGENCY NAME		DATE			
PROJECT TITLE					
10. BUDGET DETAILS: CATEGORY B.	SUDDUES				
This category is for articles and commodities which are consumed or materially altered when us	sed. The following at	re types of supplies.			
OFFICE SUPPLIES: For example, office stationery, forms, small items of equipment, and map OPERATING SUPPLIES: For example, chemicals, drugs, medicines, laboratory supplies, clea fuel, household and institutional supplies, and clothing. REPAIR AND MAINTENANCE SUPPLIES: For example, building materials and supplies, pain supplies, motor vehicle repair materials and supplies, other repair and maintenance supplies, a	ning and sanitation s	supplies, food for hu			
ITEMIZED LISTING (DESCRIPTION OF THE ITEM) UNIT UNIT COST					
			-		
CATEGORY TOTAL	\#250 4\\D 0\\4				
10. BUDGET DETAILS: CATEGORY C. OTHER SER	VICES AND CHAI	RGES			
This category is for services other than PERSONNEL which are required in the administration of agency of the government unit or by private business organizations. The following are types of					
COMMUNICATION: For example, telephone, telegraph, and postage. TRANSPORTATION: For example, freight and express charges, and messenger service.					
ADVERTISING PUBLIC UTILITY SERVICE					
PRINTING AND BINDING					
REPAIRS AND MAINTENANCE INSURANCE					
RENTALS: For example, buildings, and equipment and machinery.	handler and town				
MISCELLANEOUS: For example, tuition and other training fees, dues, subscriptions and mem	T	T	T		
ITEMIZED LISTING (WORD OR WORDS DESCRIBING THE COST ITEM, I.E., POSTAGE)	UNIT	UNIT COST	ITEM TOTAL		
CATEGORY TOTAL					

AGENCY NAME		DATE		
PROJECT TITLE				
10. BUDGET DETAILS: CATEGORY D. CAPITAL C	OUTLAY/EQUIPME	NT		
This category is for nonexpendable outlays which result in the acquisition of, rights to, or additions of the types of charges under this category. NOTE: Exclude small tools.	ons to fixed assets, oth	ner than structures.	The following are	
MACHINERY AND EQUIPMENT: For example, communications equipment (typewriter, microc equipment, heavy duty work equipment, and other machinery and equipment.	computer), janitorial; la	aboratory, office fur	niture and	
ITEMIZED LISTING (DESCRIBE THE COST ITEM)	UNIT	UNIT COST	ITEM TOTAL	
CATEGORY TOTAL				
10. BUDGET DETAILS: CATEGORY E. TRAVEL				
Travel costs are for domestic travel. Contractors may follow their own established rate for staff travel as long as the rate does not exceed the allowant state rate.				
The allowable state rate for mileage will be used. Air fare should be the lowest coach fare.				
ITEMIZED LISTING	UNIT	UNIT COST	ITEM TOTAL	
CATEGORY TOTAL				
CATEGORY TOTAL			T .	

AGENCY NAME		DATE	
PROJECT TITLE			-
10. BUDGET DETAILS: CATEGORY F. CONTR	ACTUAL SERVICE	ES .	
The following types of personal services may be contracted:			
EVALUATION/RESEARCH LEGAL ACCOUNTING MEDICAL AND HEALTH SERVICES AUDITING			
SOCIAL SERVICES ITEMIZED LISTING	UNIT	UNIT COST	ITEM TOTAL
TIEMIZED CIOTINO	Olvil	5.11 5501	
CATEGORY TOTAL			
10. BUDGET DETAILS: CATEGORY G. IND	RECT CHARGES		
Indirect costs may not exceed 10% of the total direct charges. Indirect costs include costs of this project (e.g., maintaining physical plan, depreciation, receptionist, agency administration s		which are not directly	attributed to
ITEMIZED LISTING (DESCRIBE THE COST ITEM)	UNIT	UNIT COST	ITEM TOTAL
CATEGORY TOTAL		1	

FEDERAL GRANT APPLICATION - CJJC			
AGENCY NAME			DATE
PROJECT TITLE			
7. PROJECT PERIOD			
A project period is one year and may not exceed one year ex	xcept by prior agreement with the Department.		
Proposed project period is form	to		
8. BUDGET SUMMARY			
The proposed project budget is shown below. If the propose form supersedes the proposed budget shown below.	al is accepted for contracting, the budget on the	e Approved budge	t and Special conditions
BUDGET CATEGORIES	A. Personnel		
Enter the category totals from Section 10. BUDGET DETAILS. The sum of categories A - F is entered as	B. Supplies		
TOTAL DIRECT CHARGES. If indirect costs are	C. Other services and charges		
claimed, enter the amount in G. These may not exceed ten (10) percent of the TOTAL DIRECT CHARGES.	D. Capital outlay/equipment		
Add TOTAL DIRECT CHARGES and INDIRECT CHARGES, and enter the sum on TOTAL PROJECT	E. Travel		
COSTS line.	F. Contractual services		
	TOTAL DIRECT CHARGES		
	G. Indirect charges		
	TOTAL PROJECT COST		
SOURCE OF FUNDS	1. Federal		%
May not exceed amount approved by the Governor's Juvenile Justice Advisory Committee.	2. Match		%
Must be funds specifically appropriated for project in			%
applicant's budget.			%
Project income must be applied to project			%
operational costs or deducted from the grant award. It is important that all anticipated project			%
income be included in the budget.			%
	TOTAL PROJECT FUNDS		%
9. PROJECT SUMMARY: GIVE A BRIEF NARRATIVE SUMMARY O	OF THE PROJECT.		
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NCY NAME	DATE
DJECT TITLE	

Statement of Work Community Juvenile Justice Coordination (CJJC)

- Develop and facilitate processes for coordination and information sharing of local juvenile justice needs.
- Meetings or CJJC sponsored events are held at least six times per year
- Based on local data, identify and prioritize juvenile justice needs and issues in the CJJC service area. Needs and
 issues to be considered must include GJJAC stated priorities and focus areas (DSO, DMC, JDAI, Restorative Justice,
 mental health, and gender specific services for girls). Develop and implement at least one strategy which addresses
 the prioritized need(s) during the contract period.
- Youth participation in CJJC is required (participation could include meetings, CJJC sponsored focus groups, youth summit, community youth planning effort, etc.)
- Membership includes juvenile justice system and key community partners (use JJDP Act as model).
- Attend GJJAC trainings/workshops deemed critical by the GJJAC and OJJ to be essential to the administration of this
 grant.
- Assess the representation of minority youth in the juvenile justice system, and where racial disparity exists develop a
 plan and strategies to address the racial disparity. As part of the assessment process, complete Relative Rate Index
 (RRI) forms annually, and submit to the GJJAC.
- Discuss and analyze RRI results, selecting at least one area which will be addressed during the contract period
- Act as a resource to the GJJAC and OJJ including: identify technical assistance and training needs, provide
 information and recommendations to the GJJAC regarding draft data and policy, encourage and assist community
 organizations to respond to GJJAC Request for Proposals.